

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33203**  
Registrar's No. **8689**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** **318** **PRIMARY REG. DIST. NO.** **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>None</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>None</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>2123 Spruce Street</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>R.</b> b. (Middle) <b>B. (io)</b> c. (Last) <b>McNEIL</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 12, 1952</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>June 26, 1895</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Friend Hide Co.</b>	
<b>11a. BIRTHPLACE</b> (City and State or Foreign Country) <b>Tennessee</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Sebran McNeil</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Queen Williamson</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Laura McNeil</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW-1</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>489-16-6347</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Laura McNeil, 2123 Spruce St.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
<b>MEDICAL CERTIFICATION</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Cerebrovascular accident</b>			
<b>ANTECEDENT CAUSES</b> <b>(Hemorrhage)</b>			
<b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>Hypertensive Cardiovascular Disease</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY</b> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>443X</b>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1020 P. M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>3</b> (Degree or title)		<b>23b. ADDRESS</b> <b>1300 Clark Avenue</b>	
<b>23c. DATE SIGNED</b> <b>9/15/52</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>9/18/52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Jefferson Barracks, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 16 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. C. Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>McAtkins Bros., Und. Co., 3644 Finney Ave.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John R. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.